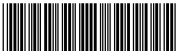


|   |  |   |
|---|--|---|
| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10773792 | <b>Applicant(s)/Patent Under Reexamination</b><br>DUBENSKY ET AL. |
|   | <b>Examiner</b><br>Jennifer E Graser       | <b>Art Unit</b><br>1645   |

| ORIGINAL                  |  |          |     |       |       | INTERNATIONAL CLASSIFICATION |   |   |   |                      |             |  |  |  |  |  |  |  |
|---------------------------|--|----------|-----|-------|-------|------------------------------|---|---|---|----------------------|-------------|--|--|--|--|--|--|--|
| CLASS                     |  | SUBCLASS |     |       |       | CLAIMED                      |   |   |   |                      | NON-CLAIMED |  |  |  |  |  |  |  |
| 424                       |  | 235.1    |     |       |       | A                            | 6 | 1 | K | 39 / 02 (2008.01.01) |             |  |  |  |  |  |  |  |
| <b>CROSS REFERENCE(S)</b> |  |          |     |       |       |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |     |       |       |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| <b>CLASS</b>              | <b>SUBCLASS (ONE SUBCLASS PER BLOCK)</b> |          |     |       |       |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 424                       | 234.1                                    | 184.1    |     |       |       |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 435                       | 172.1                                    | 243      | 245 | 252.1 | 252.3 |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |     |       |       |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |     |       |       |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |     |       |       |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |     |       |       |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |     |       |       |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |     |       |       |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |     |       |       |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |     |       |       |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |     |       |       |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |     |       |       |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |     |       |       |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |     |       |       |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |     |       |       |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |     |       |       |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |     |       |       |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |     |       |       |                              |   |   |   |                      |             |  |  |  |  |  |  |  |

| <input checked="" type="checkbox"/> <b>Claims renumbered in the same order as presented by applicant</b> <input type="checkbox"/> <b>CPA</b> <input type="checkbox"/> <b>T.D.</b> <input type="checkbox"/> <b>R.1.47</b> |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|--|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final  | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| 1  | 22       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 2  | 38       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 3  | 39       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 4  | 40       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 5  | 41       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 6  | 76       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 7  | 77       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 8  | 78       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 9  | 79       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 10   | 80       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 11   | 81       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 12   | 82       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 13   | 83       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 14   | 90       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|  |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|  |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|  |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|  |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|  |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|  |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|  |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|  |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|  |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |

|   |  |                                    |  |
|---|--|------------------------------------|--|
| NONE  |  | <b>Total Claims Allowed:</b><br>14 |  |
| (Assistant Examiner)<br>/Jennifer E Graser/<br>Primary Examiner Art Unit 1645 |  | (Date)<br>10/21/2009               |  |
| (Primary Examiner)  |  | (Date)<br>1                        |  |
|   |  | O. G. Print Claim(s)<br>NONE       |  |